

Harrison County Adult Detention Center

565
153 Reedman

Inmate Grievance Form

67-010-07

To: Grievance Officer

From: JAMES C. BROWN 294903 A.F.

Inmate Name

Docket #

Unit

Date: 7/10/07RECEIVED
BY DATE

This is a grievance concerning:

In-Humane Treatment

On Tues after breakfast, during the morning of July 10, 07. I went to medical, to have my two teeth pulled. Well when I returned back to the block and I suddenly started to feel severe pain. I looked in the mirror, and I couldn't believe what I was seeing. there was half a tooth still in my head, I had LT. Leonard lock into my mouth along with MRS ROE. They too where astund, Lt Leonard assured me he would seek me some professional help. I never seen him anymore. I begged ~~SGT. REEDMAN~~ SGT. REEDMAN for Aid and he simply brushed me off. The Lady in the tower Name is UNKNOWN answering to the ~~#~~ badge #565. I begged her for Aid + Assitance and I sware to GOD, she Laugh at me I was hurting so bad I Couldnt even get mad GOD I'm Hurting This type of treatment is totally unexceptable. Please Look ~~RECEIVED~~ MATER

JUL 11 2007

James C. Brown
Inmate Signature

Harrison County Adult Detention Center

Inmate Grievance Form

(IGF-2)

First Step Response Form

Grievance Number 03 - 073 - 07

Type or use ball-point pen. You must return your response to the Grievance Officer within 10 days of the date the request was initiated.

To: James C. Brown 294903

Inmate Name and Docket Number

A/E

Housing Unit

From: Pat Olsen

Person to whom 1st Step is Directed

adm/medical

Title/Location

A Chart review reveals the x-ray of your Rt. Clavicle was negative for any fracture or dislocation. I will put you on the next available and call to discuss your pain.

2-29-07

Date

Pat Olsen

Signature

If you are not satisfied with this response, you may go to Step 2 by filling out the second step section of Form IGF-1 and sending copies of Step 1 and Step 2 to the Warden. It must be received in the Warden's office within 5 days of the date of this response.

Instructions to respondent: Send original IGF-1 with IGF-2 to the Grievance Officer. **Note:** A copy of all documents referenced in the response must be attached and returned to the Grievance Officer.

Instruction to Inmate: This original is for you to keep.

Inmate's Original

*Jodee - you have been
put on sick call*

Inmate Grievance Form

(IGF-3)

Harrison County Adult Detention Center**Second Step Response Form**Grievance Number 06 - 028 - 07

Type or use ball-point pen. You must return your response to the Grievance Officer within 10 days of the date the request was initiated.

To: James Brown 294903
Inmate Name and Docket Number

A E

Housing Unit

From: Warden Cabana
Warden

HCADC/HCWC
Location-Circle One

*You have been seen, and treated
for your medical complaint. However,
I will have you placed on sick call
once again.*

① On the 7/2/07 I was refused

② On the 7/3/07 I was refused again.

③ On the 7/4/07 I requesting Again.

07-02-07

Date

Warden's Signature

This is the final step in the Inmate Grievance process.

Instructions to Warden: Send original and Step 2 copy to the Grievance Officer.

JUL 02 2007

Instruction to Inmate: This original is for you to keep.

Inmate's Original

RECEIVED

APPROVED JUN 21 2007

Harrison County Adult Detention Center

Inmate Grievance Form

(IGF-1)

Inmate Relief Request FormGrievance Number 06 - 028 - 07

Type or use ball-point pen.

To: Mrs. Pat Olsen
First Step RespondentHCADC / HCWC
Location – Circle OneFrom: James Brown 294903
Inmate's Name and Docket NumberAE
Housing Unit6-18-07

Date of Incident

 Accepted

This request comes to you from the Grievance Officer. See the attached request from the inmate. Please return your response to this office within 10 days of this date.

 Rejected

Your request has been rejected for the following reason(s):

See Mrs. Olsen's statement6-21-07

Date

Debra Whitha

Grievance Officer

Second Step

On 6-22-07 (date), I received a written response to my First Step request. I am not satisfied with this response because:

I am not satisfied in the way cl have been treated. I sent cl have been hurt because of yalls mistake for not fixing a leaking roof that pours water when it rains. This is about my collar bone.

Therefore, I am commencing the Second Step by sending this form and the First Step response (IGF-2), to the Warden. This request must reach the Warden's office within 5 days of my receiving the First Step response.

6/25/07

Date

James C. Brown

Signature

JUN 25 2007

RECEIVED